FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instruction		Office use only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
Greg Sowards F	or Congress LLC	<u> </u>	
1			
ADDRESS (number and stre	2916 Maese Ln		
(Check if address is changed)			
	Las Cruces		NM 88007 - 111
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL	ADDRESS (Please provide only one e-r	nail address)	
(Check if address is changed)	shortbaldhonest@gn	nail.com	
COMMITTEE'S WEB PA	AGE ADDRESS (URL)		
(Check if address	www.shortbaldhones	st.com	
is changed)			
2. DATE 0 1	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICATI		C C00448423	
4. IS THIS STATEME		AMENDED (A)	
I certify that I have examine	d this Statement and to the best of my know	vledge and belief it is true, correct	and complete
Type or Print Name of Tr	easurer Greg Sowards		
Signature of Treasurer	Electronically Filed by <b>Greg Sowa</b>	ards	Date 01 / 12 / Y Y Y Y
NOTE: Submission of false	,	subject the person signing this St	catement to the penalties of 2 U.S.C. §437g.
Office		For further information	
Use Only		Federal Election Comm Toll Free 800-424-9530	1931011